

# Enroll by Dec. 15 for Health Insurance Marketplace

NEWS FROM THE DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

## Enroll by Dec. 15 for Health Insurance Marketplace Coverage to Start Jan. 1

*Delawareans who seek insurance through HealthCare.gov are urged to take advantage of subsidies to offset rise in premiums*

NEW CASTLE (Dec. 12, 2016) – Delawareans who want their 2017 coverage under the Health Insurance Marketplace to begin Jan. 1 must enroll or re-enroll by Dec. 15 and pay their first premium by Jan. 1.

Others have until Jan. 31 – the end of the 2017 open enrollment period – to enroll in or change their plan at [www.HealthCare.gov](http://www.HealthCare.gov), where they can also check out their options before enrolling.

Individuals who need help enrolling in coverage can get free assistance in person or by phone from federally funded, trained specialists at several Delaware organizations. State-licensed insurance agents and brokers are also available to help individuals re-enroll and to help employers update their coverage, at no extra charge. For more information, go to [www.ChooseHealthDE.com](http://www.ChooseHealthDE.com). Besides [www.HealthCare.gov](http://www.HealthCare.gov), consumers can enroll by calling 1 (800) 318-2596 (TTY: 1 855 889-4325).

The U.S. Department of Health and Human Services reported in

June that nearly 25,400 Delawareans had paid for Marketplace coverage and had an active policy as of March 31, 2016.

Earlier this month, HHS also reported that more than 5,800 state residents had picked plans during the first four weeks of the current open enrollment period, which began Nov. 1. That represents an increase of 7.3% over a comparable period last year. Nationwide, more than 2.1 million people in states that use HealthCare.gov had enrolled, an increase of almost 100,000 over a comparable period in 2015.

“The Marketplace has provided millions of people with critical access to care, and based on early activity this enrollment period, the demand for that access remains great,” Department of Health and Social Services Rita Landgraf said today at a press conference at Westside Family Healthcare in Bear. “Despite uncertainty at the federal level surrounding the Affordable Care Act, it remains the law, and all indications are that the Health Insurance Marketplace will stay in place throughout 2017.”

To help offset the cost of premiums, residents who do not have employer-sponsored health insurance or who are not eligible for public programs such as Medicaid, the Children’s Health Insurance Program or Medicare are urged to take advantage of income-based federal subsidies when they purchase a private plan through the Marketplace, which is also commonly referred to as Obamacare.

“Many people still don’t realize they can get financial help paying for their Marketplace coverage,” Secretary Landgraf said. More than 80 percent of Delawareans who have a Marketplace plan are receiving tax credits to lessen the costs of their premiums.

Also according to HHS:

- Sixty-three percent of Delawareans who now have Marketplace coverage could get 2017 coverage for a monthly

premium of \$100 or less after tax credits, 55 percent could get coverage for \$75 or less, and 45 percent could get coverage for \$50 or less.

- Sixty-three percent of current Marketplace enrollees whose annual household incomes are between 100 percent and 250 percent of the federal poverty limit (from \$11,880 to \$29,700 for one person and from \$24,300 to \$60,750 for a family of four) are receiving financial assistance. Financial help is available for individuals with annual household incomes up to \$47,520, and up to \$97,200 for a family of four.
- The median annual income of Marketplace enrollees in Delaware is about \$25,000 for one person and \$51,400 for a family of four.

As in previous years, three insurers offer Marketplace medical plans in Delaware for 2017: Highmark Blue Cross Blue Shield of Delaware, Aetna Health, and Aetna Life Insurance Company. Together they offer 21 plans for individuals and 11 SHOP plans for small businesses. Two insurers – Delta Dental and Dominion Dental – offer a collective 15 stand-alone dental plans, 10 for individuals and five for small businesses.

All plans include essential health benefits such as coverage of pre-existing conditions, outpatient care, emergency services, hospitalization, prescription drugs, mental health and substance use disorder services, lab services, and pediatric services.

Medical plans are available in three metal-level categories – bronze, silver and gold – based on how enrollees choose to split the costs of care with their insurance company. Bronze plans have low monthly premiums but high costs when you need care; gold plans have high premiums but lower costs when you need care.

Tax credits are especially beneficial to consumers who pick

the second-lowest cost silver plan, since the credits adjust to match any changes in premium. In a silver plan, the insurer pays about 70 percent of medical costs and the consumer pays about 30 percent, up to a maximum annual out-of-pocket cap of \$6,350 for an individual and \$12,700 for a family.

In Delaware in 2017, the average monthly premium for a second-lowest cost silver plan for a 27-year-old non-tobacco user is \$347 before tax credits are applied.

Consumers who pick silver plans might also qualify for additional savings through discounts on deductibles, copayments, and coinsurance.

#### Penalty for going without coverage

Under the federal law, individuals who can afford health coverage but who choose not to buy it pay a fee when they file their federal tax return for the year they don't have coverage. In 2017, the fee will be equal to the higher of these amounts: 2.5 percent of your annual household income or \$695 per person (\$347.50 per child under 18). The maximum penalty will not exceed \$2,085 per household or the total yearly premium for the national average price of a bronze-level plan sold through the Marketplace. In addition to the penalty, consumers will be responsible for the total cost of health expenses they incur.

Consumers can estimate their penalty using the penalty calculator on [ChooseHealthDE.com](http://ChooseHealthDE.com).

Delaware's senators urged uninsured Delawareans to find out what's available for them on the Marketplace.

"Over the last several years, I've had a chance to meet with Delawareans who found affordable health care and peace of mind through the Health Insurance Marketplace," Sen. Tom Carper said. "With open enrollment under way, I strongly urge all uninsured individuals to go to [ChooseHealthDE.com](http://ChooseHealthDE.com) to get

information about the various health insurance plans available and potential financial assistance they may qualify for to reduce their insurance costs. And because enrolling in health insurance can be overwhelming, there is free, in-person assistance available to help individuals and families. Every Delaware family deserves access to the quality health care they need, and the Marketplace is making that a reality for thousands of Delawareans for the first time.”

“I would encourage both the uninsured and insured to visit the Marketplace and explore plans and financial assistance that may be available to them,” Sen. Chris Coons said. “Open enrollment is an important opportunity for families to get the comprehensive health care they need, regardless of age, background, or pre-existing conditions.”

Businesses with 50 employees or fewer can offer plans to their employees starting any month of the year through the Small Business Health Options Program (SHOP). Go to [HealthCare.gov](http://HealthCare.gov) or call 1 (800) 706-7893 (TTY: 711).

In addition to the Health Insurance Marketplace, some residents might be eligible for coverage through Delaware’s expanded Medicaid program, which is open year-round. More than 10,000 Delawareans have received coverage under the Medicaid expansion. To be screened for or to apply for Medicaid benefits, go to [Delaware ASSIST](#).

Delaware’s uninsured population decreased from 83,000 in 2013 to 54,000 in 2015, according to a recent Census Bureau report. That decline includes Delawareans who could not get coverage before the Affordable Care Act because of pre-existing conditions.

Increasing access to health care coverage is the first step toward a healthier Delaware, Secretary Landgraf said. “Through the Delaware Center for Health Innovation, we are striving to ensure that our health care system delivers quality care,

produces better health outcomes, reduces costs and enhances the experience of health care providers. Those goals are at the heart of the Affordable Care Act.”

For more information, contact Jill Fredel, Director of Communications, (302) 255-9047 (office) or (302) 357-7498 (cell).

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